BlueCross BlueShield Minnesota

DISABLED DEPENDENT APPLICATION

TO BE COMPLETED BY SUBSCRIBER / PLAN PARTICIPANT

It is important to complete the application in full. Incomplete or omitted information may result in the application being delayed or returned to you.

1. NAME OF SUBSCRIBER (PRINT LAST, FIRST, MIDDLE INITIAL):	2. IDENTIFICATION NUMBER:	3. GROUP NUMBER:

4. ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE):

5. NAME OF DEPENDENT CHILD:	6. CHILD'S DATE OF BIRTH: (MM/DD/YYYY) _____	7. CHILD'S RELATIONSHIP TO SUBSCRIBER:
8. CHILD'S SEX: ☐ MALE ☐ FEMALE	9. CHILD'S MARITAL STATUS: ☐ Single ☐ Married	10. DATE CHILD'S DISABILITY OCCURRED:

11. DESCRIBE YOUR CHILD'S DISABILITY:

12. IS CHILD PERMANENTLY RESIDING IN YOUR HOUSEHOLD? ☐ YES ☐ NO PLEASE EXPLAIN:

13. IS CHILD PRIMARILY DEPENDENT UPON YOU FOR SUPPORT AND MAINTENANCE? ☐ YES ☐ NO

14. IF THE CHILD IS PRIMARILY DEPENDENT UPON YOU FOR SUPPORT AND MAINTENANCE PLEASE ESTIMATE THE PERCENTAGE OF SUPPORT YOU PROVIDE FOR YOUR CHILD. In estimating, please carefully account for all support you provide. (For example: insurance premium(s) and/or payment for medical services, prescription drugs, transportation, housing, utilities, food, clothing, dependent care, etc.) _____%

15. DO YOU CLAIM THIS CHILD AS YOUR DEPENDENT FOR FEDERAL INCOME TAX REPORTING? ☐ YES ☐ NO

16. IS THIS CHILD RECEIVING SOCIAL SECURITY INCOME? ☐ YES ☐ NO IF YES, WHAT MONTHLY AMOUNT? $ _____

17. WAS CHILD EVER EMPLOYED? ☐ YES ☐ NO	18. IS CHILD EMPLOYED NOW? ☐ YES ☐ NO

19. IF ANSWER TO #17 IS 'YES', PLEASE PROVIDE THE FOLLOWING INFORMATION:
EMPLOYER(S) NAME: EMPLOYER(S) ADDRESS: DATES EMPLOYED: HOURS WORKED PER WEEK: CURRENT HOURLY WAGE:

_____

_____

20. PLEASE PROVIDE ANY ADDITIONAL INFORMATION REGARDING THE SUPPORT AND MAINTENANCE YOU PROVIDE TO THE CHILD. Attach additional pages if necessary.

_____

_____

_____

_____

X _____

SIGNATURE OF SUBSCRIBER/PLAN PARTICIPANT DATE PREFERRED PHONE NUMBER ALTERNATIVE PHONE NUMBER

(over)

Please submit via fax, e-mail or mail to Blue Cross:
Fax (651) 662-7258 / Enrollment.Forms@bluecrossmn.com
Blue Cross and Blue Shield of Minnesota, P.O. Box 982801, El Paso, TX 79998-2801

1. NAME OF SUBSCRIBER (PRINT LAST, FIRST, MIDDLE INITIAL):	2. IDENTIFICATION NUMBER:	3. GROUP NUMBER:

THIS PORTION OF THE APPLICATION TO BE COMPLETED BY ATTENDING PHYSICIAN	
1. NAME OF PHYSICIAN (PLEASE PRINT):	2. CLINIC NAME AND ADDRESS:
3. DIAGNOSIS AND HISTORY OF THE CONDITION:	
4. DATE OF ONSET (MM/DD/YYYY):	5. MOST RECENT DATE OF SERVICE (MM/DD/YYYY):
6. CURRENT TREATMENT PLAN, INCLUDING FOLLOW-UP AND MEDICATIONS:	
7. DO YOU CONSIDER THIS CONDITION A DISABILITY? ☐ YES ☐ NO	
8. DOES THE PATIENT'S CONDITION PREVENT HIM OR HER FROM EARNING A LIVING OR PRIMARILY SUPPORTING THEMSELVES? ☐ YES ☐ NO IF 'YES', WHAT SPECIFIC LIMITATIONS DOES THE CONDITION IMPOSE?	
9. IF NOT EMPLOYED FULL TIME, DOES THE CONDITION LISTED ABOVE PREVENT THIS PATIENT FROM WORKING FULL TIME? ☐ YES ☐ NO	
10. HOW LONG WOULD THIS CONDITION BE EXPECTED TO CONTINUE?	

X

SIGNATURE OF PHYSICIAN DATE PHONE NUMBER

This information is also available in other ways to people with disabilities by calling customer service at the number on back of your card.

For TTY:
Call **(651) 662-8700**, or **1-888-878-0137** (TTY), or 711, or through the Minnesota Relay direct access numbers at **1-800-627-3529** (TTY, Voice, ASCII, Hearing Carry Over), or **1-877-627-3848** (Speech-to-Speech).

Hours: 8 a.m. to 6 p.m. Central Time, Monday through Friday

Attention: If you want free help translating this information, call the above number.
Atención: Si desea ayuda gratis para traducir esta información, llame al número que aparece arriba.

BlueCross BlueShield Minnesota

NOTICE OF NONDISCRIMINATION PRACTICES

Effective July 18, 2016

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: Civil.Rights.Coord@bluecrossmn.com
- by mail at: Nondiscrimination Civil Rights Coordinator
  Blue Cross and Blue Shield of Minnesota and Blue Plus
  M495
  PO Box 64560
  Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- electronically through the Office for Civil Rights Complaint Portal, available at: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
- by phone at:
  1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:
  U.S. Department of Health and Human Services
  200 Independence Avenue SW
  Room 509F
  HHH Building
  Washington, DC 20201

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

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This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမ့်ကတိၤကသိကျိာ်ဒီး, တ်ကဟ့ဉ်နၤကျိာ်တ်မၤစၢၤကလိတဖဉ်နွဉ်လိၤ. ကိး 1-866-251-6744 လၢ TTY အဂိ်, ကိး 711 တက့်.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للهاتف النصي اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta’e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d’assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

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한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າຟຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ສຳລັບ. TTY, ໃຫ້ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមន អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711។

Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Kojį éí béésh bee hodíílnih 1-855-902-2583. TTY biniiyégo éí 711 jį’ béésh bee hodíílnih.

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